# Appendix A New or Updated Site Location Maps

# Appendix A New or Updated Site Location Maps

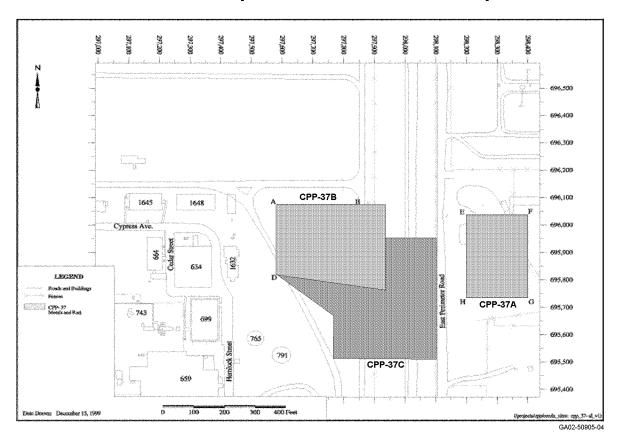


Figure A-1. CPP-37A—Gravel pit outside INTEC fence, CPP-37B—Gravel pit and debris landfill inside INTEC fence, CPP-37C—Debris landfill inside INTEC fence.

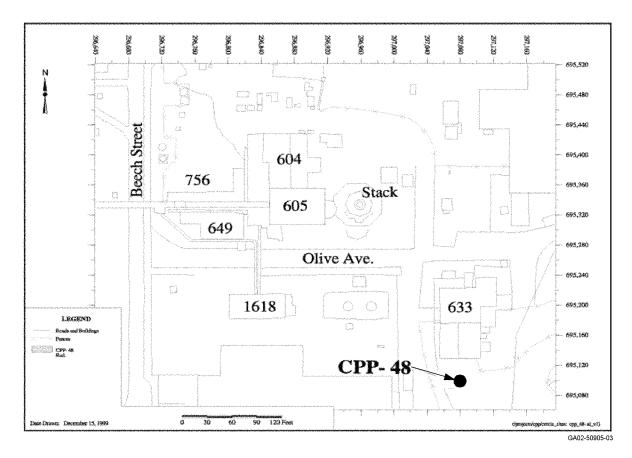


Figure A-2. CPP-48—French drain south of CPP-633

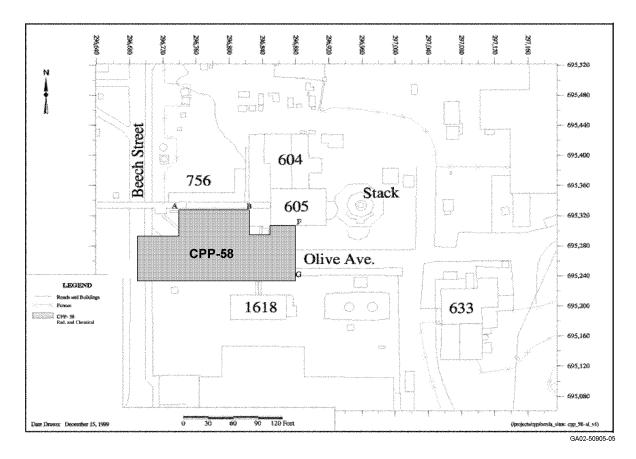


Figure A-3. CPP-58—CPP PEW evaporator overhead pipeline spills

# Appendix B Example Environmental Checklist

DIRECTIONS:	The Responsible Manager sho (unless otherwise specified). R instructions to complete this for	Refer to MCP-3480 "Envi						
SECTION A.	Descriptive Information:							
Charge Number:								
Project Title:								
DOE-HQ Program	1:				Project No.:			
Performing Organ	ization:				Date:			
	Contact		Name		Telep	hone No.	E-mail	
DOE Project Tech	nical Manager:							
Facility Operation	s Manager:							
Program/Project N	Manager:							
Project/Technical	Contact:			^				
Alternative Projec	t/Technical Contact:							
Environmental Fig	eld Support Contact:							
SECTION B.	Project Description: Attach a modification, maintenance, rea and end dates, approximate co	search and development, ost.	or work for oth	ers), location (e.g.	area, building,	laboratory), purp	se and need, project s	start
SECTION C.	Environmental Aspects / Pot attachment provide specific posoil disturbance; or type of tan	otential impact informatio	n such as types	and amounts of cl	erate, or result in hemicals, waste	n changes to any o , effluent, or emiss	f the following? (If Y sions; size of modifica	es, on ation,
	Source		Yes No		,	ource	Ye	es No
1. Air Pollutants				11. Industrial Wa	\	\ - \		
2. Asbestos Emiss				12. Interaction wi	' '	\ \ /		
3. Biological Haza				13. Managing Rro	. I	rials V	<u>_</u>	
4. Chemical Use a				14. PCR Contami		)		
5. Contaminated S				15. Radioactive M	/		<u>_</u>	
8. Drinking Water		$\overline{}$			\	\		
9. Hazardous/Mix	ed Waste Generation and Mana	gement	<u>d</u> 0,	19. Use, Reuse ar	nd Recycling of	Resources	L	
10. Hazardous/Ra	10. Hazardous/Rad. Material or Waste Handling and Trans.							
SECTION D.	Work Activities: Select speci- Sheet (see next page). Check a	and do one of the following	ng:				•	
Employee A	o submit EC by MCP-3480 Ar wareness Department, John S.	Irving (MS 3428) or E-m	wil (JSI4) for re	eview and approva	1.			
If not requir	ed to submit EC by MeP-3480 e Block), and place copy of I/C	, Appendix B, complete S in project files	Sections E & F	(check either "Exi	sting EC" or "L	oes not require an	approved EC"), sign	& date
SECTION E.	Instructions and Conditions:		for instructions	.)			Yes	s No
1. Instructions from	m MCP-3480?			-				
2. Conditions Req	uired Before Starting Project?							
SECTION F.	NEPA Level of Documentati	on and Reference(s).						
		ously approved NEPA docu ng environmental checklist				approved by Envir , operational activity	ronmental Affairs (e.g., ties):	
Reference(s):	a bank daham "GV" (C	and Francis NO					1-4-	- * 4
requirements for odisposal, recovery exist in the environextraordinary circ 1508.25(a)(1) and	schecked above as "CX" (Category) and healt, safety, and healt, or treatment facilities; 3) distunment such that there would be sumstances related to the propo (2), respectively) to other action	h, including requirement rb hazardous substances, uncontrolled or unpermi sal exist which would affe is with potentially or cum	s of DOE order pollutants, cor tted releases; 4 ct the significa- ulatively signif	rs; 2) require siting ntaminants, or CEI ) adversely affect e nce of the action, a	g and constructi RCLA-excluded environmentally	on or major expan petroleum and na sensitive resource	sion of waste storage, atural gas products the es. In addition, no	at pre-
	aragraph does not apply to EA, LOCK. Signature indicates that			hest of my knowled	σe			
SIGNATURE D	DOCK Signature indicates that	uns torm is accurate and c	ompicie, to the	oest of my knowled	gc.			
Pı	rinted/Typed Name	<del>-</del>	Signature		Date	;	Telephone No.	

# Appendix C Example Work Order

The HIM Process, found at URL address <a href="http://webism.inel.gov/him/himhome.html">http://webism.inel.gov/him/himhome.html</a> , is the preferred method for processing the WCF.
WORK CONTROL FORM NO.
SECTION 1 REPORT INITIATION  ORIGINATOR DATA: CONSTRUCTION PROJECT   NAME: DATE:
COMPANY/ORG: PHONE:
ICARE/SOURCE: NEED DATE:
EQUIPMENT/FACILITY DATA DESCRIPTION OF WORK REQUEST:  ADDITIONAL PLANNING INFORMATION:
CHARGE NUMBER:  SECTION 2  OPERATIONS REVIEW
IMPACTS AND SIPPORT REQUIREMENTS:    MPACTS OSR/ISR:
Operations Print/Type Name Operations Signature Date
SECTION 3 WORK CONTROL SCREENING
MAINTENANCE RELATED TASK: YES NO (If "YES", sign Section 3 and proceed work per IWCP Chapter 10.)  DAVIS-BACON DETERMINATION:  DAVIS-BACON REVIEW REQUIRED: YES NO (If "YES", Davis Bacon Determination required.)
DAVIS-BACON NEVIEW REGOINED. TES NO (II TES, Davis Bacon Determination required.)  DAVIS-BACON DETERMINATION: Covered Not Covered

3-4264

6-9486

7121

8108

3-4126

6-8405

430.14 07/10/2000 Rev. 02

Power Management

Project/Construction

Management

#### WORK CONTROL FORM FOR INTEGRATED WORK CONTROL PROCESS

11011 02							
ROUTINE MAINTENANCE DET							
			g level for	the analyzed task-specific hazar	ds.		
4. The work activity must not re							
file with WGS.  5. Must be compliant with MCP	2-3480 Environ	mental Inc	etructions :	for Facilities, Processes, Materia	ls and Equipn	nent	
6. The work will not modify the	integrity of any	type of ha	azardous r	naterial boundary upon completi	on of work.	Hent.	
7. Does not require an ALARA	evaluation (see	MCP-91,	ALARA P	Program and Implementation).			
8. No work on energized electri 9. For energized electrical circu				m zero energy checks or test ins	trument readir	nas lisina a	n
approved JSA or other hazar		ov, can c	iny perion	The zero chargy checks of test his	trumentreadir	igo donig a	11
ROUTINE MAINTENANCE	: YES	□ ио			_ ~		
ASSIGNED PRIMARY OW	NER:			ASSIGNED PLANNER:			
HAZARDS PROFILE SCREENIN	NG CHECKLIST	SUMMA	ARY:				
PLANNING LEVEL: High [	□ Medium □	l Low		FINAL WO REVI	EW MEETING	SI YES	1 №П
SME SUPPORT REVIEWE		_	<u> </u>	\ \ \		ノー厂	_
SAFETY RAD US		OPS □	SFC □	QA   IH   ENX   FP		ss 🗆 o	THER 🗌
3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,					7		
COMMENTS:				$\langle V \rangle$	$\overline{}$		
					$\longrightarrow$		
					$\overline{}$		
WORK DOCUMENT SELECTIO	N:	(	`				
WORK CONTROL DOCUM	1ENT TYPE:		_	Type 1 ☐ /Ty	oe 2	⁄pe 3 □	
APPROVAL:							
		i					
Planning Supervisor/F			1	Planning Supervisor/Project Man	ager	Da	ite
Print/Type N	Name			Signature			
Confirmation from Respo	nsible Manager	\ \as	Confirma	ation from Responsible Manager	(as required)	Da	ite
required	d)	1	1	Signature	(/		
Print/Type N	yfame) \	+	$\rightarrow$				
Section 4	7 / \	<u> </u>		CLOSEOUT		/=	NO 🗆
FEEDBACK:			_	RCRA OPERAT			NO 🗆
	WEW: YES 🗆	/				E: YES	NO 🗌
SREATE MODEL WORK O	RDER: YES L	NO NO	Ш	LESSONS LEA	ARNED INPUT	Γ: YES ∐	NO 🗌
CLOSURE:							
WORKIS: CANCE	EL≢D□ CON	/IPLETED	CI	LOSED IN CMMS DATABASE: `	/ES □ N	10 🗌	
WCC Administration				WCC Administration Representa	ntive	Da	ite
Print/Type I	Name			Signature			
INEEL Work Control Centers	Mail Stop	Phone	Fax	INEEL Work Control Centers	Mail Stop	Phone	Fax
CFA	4131	5-2433	6-6332	RWMC	4202	6-7371	6-2234
INTEC IF Facilities		6-1422 6-1721	6-4664 6-0393	Safeguards & Security SMC	3121 0319	6-2012 6-6323	6-2410 6-9687
Life Safety Systems		3-1721 3-9757	6-2058	TAN Process	9208	6-6544	6-6648
PBF Process		5-9486	6-8405	TRA Process	7119	3-4038	3-4126

6-4805 TRA Landlord

6-2283 WERFWROC Process

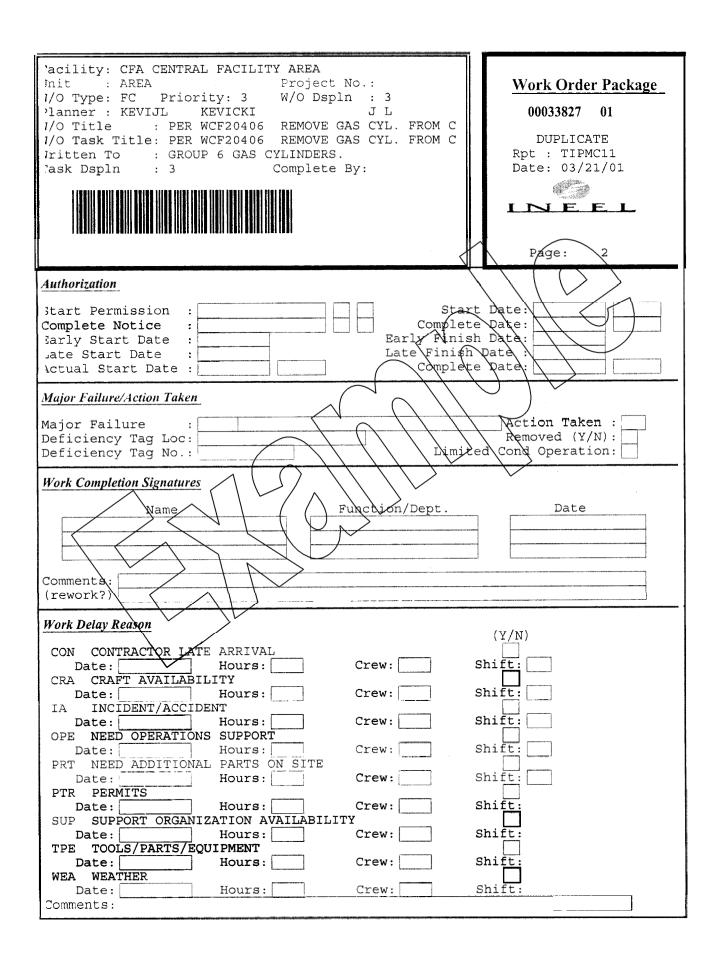
6-0112

6-7134

4115

5311

Facility: CFA CENTRAL FACILITY AREA Project No.: Unit : AREA Work Order Package W/O Type: FC Priority: 3 W/O Dspln : 3 Planner : KEVIJL KEVICKI JL 00033827 01 W/O Title : PER WCF20406 REMOVE GAS CYL. FROM C W/O Task Title: PER WCF20406 REMOVE GAS CYL. FROM C DUPLICATE Written To : GROUP 6 GAS CYLINDERS. Rpt : TIPMC11 Task Dspln Complete By: Date: 03/21/01 NEEL Page: Work Order Task Written To : AREA Unit Facility : CFA Area Division : Component: Equipment : Ops Review Reqd:N Work Item : Eqt. List: Equip. Tag: Reg Unit/Comp (past 12 months) Tbl/Brkdwn: fob Type TICE . : IM Catalog ID: Client/Act: (CFA SITE NORTHEAST OF INTEC. Location : Uger Def: Activity Cost Centr: Acct/NO 0)1AS Percentage: 100.000 CN 10 Work Order Task Instructions Remove gas cylinders from CFA-94 sipe northeast of INTER. Place cylinders in containers and place condainers in designated and approved location. Gas cylinders contain hydrofloric acid. INTEC Radiography and RRWI Const. Forces will support this job as required.
Joseph Landie is Frimary Owner (6-6311) Point of Contact is Steve Ottley (6-3008) Rework/Approval Tag Removed: Deficiency Tag No.: TiOC • : N Comments: ReWork Job Task Requirements COMMENTS REG/REQ FAC. VALUE \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ CFA HSCFA JSA CFA WCF QC Requirements/Comments Quality Level 3



Facility: CFA CENTRAL FACILITY AREA Unit : AREA Project No.: Work Order Package W/O Type: FC Priority: 3 W/O Dspln : 3 Planner : KEVIJL KEVICKI JL 00033827 01 W/O Title : PER WCF20406 REMOVE GAS CYL. FROM C W/O Task Title: PER WCF20406 REMOVE GAS CYL. FROM C DUPLICATE Written To : GROUP 6 GAS CYLINDERS. Task Dspln : 3 Complete F Rpt : TIPMC11 Date: 03/21/01 Complete By: LNEEL Page: Rework Reason/Cause NEW PARTS FAILED INCOMPLETE WORK FROM PREVIOUS MAINTENANCE RW TUNING AFTER BREAKIN OF NEW PARTS TN Shift Date: Hours: Comments: Job Variance CO CONTRACTOR LATE ARRIVAL CR CRAFT AVAILABILITY IA INCIDENT/ACCIDENT OP NEED OPERATIONS SUPPORT, PR NEED ADDITIONAL PARTS ON SITE PT PERMITS SU SUPPORT ORGANIZATION AVAILABILATY TP TOOLS PARTS EQUIPMENT WE WEATHER Shift: Date: Comment's: Trouble Found/Work Performed

\*\*\*\* END OF REPORT \*\*\*\*

Continued on Additional Sheets? :

# Appendix D Example Notice of Disturbance

#### **AGENCY APPROVAL FORM**

The U.S. Department of Energy, U.S. Environmental Protection Agency-Region 10, and the State of Idaho have completed a review of the referenced information for soil disturbance notification number **INTEC-OU3-13-NOD-YY-XX**. This review is to determine if the stated disturbance will interfere with the conduct of planned remedial activities pursuant to the FFA/CO. Based on this review, the parties have issued approval for this soil disturbance under agreement that the following conditions will be in effect:

- A) Waste (i.e. PPE, other non-soil waste) generated at the point of excavation will be managed under RCRA regulations
- B) For No Further Action sites (e.g. CPP-88) representative samples or surveys will be taken per this NOD. Soil containing Cs-137 in excess of 23 pCi/g will be managed as CERCLA waste. Soil stockpiled for reuse must meet the Cs-137 risk-based concentration (<23 pCi/g) prior to reuse.
- C) For OU3-13 remediation sites and OU3-14 sites awaiting further investigation, disturbed soils shall be placed back into the excavation in the same sequence/profile as they were removed. That is, soil excavated from the bottom of a disturbance will return to the bottom of the excavation, etc. Excess soils, if generated, must be assessed for acceptable risk based on the site's CERCLA CQCs prior to reuse.
- D) The requestor, as specified in the NOD, will provide radiological contamination information. This information will be available to the agencies for review and audit purposes.
- E) If unusual or unexpected conditions or contamination is discovered during the soil disturbance, the Agencies will be notified by phone /e-mail.
- F) Samples exceeding 23 pci/g Cs-137 shall be managed as CERCLA waste.

DQE QU 3-13 MANAGER	
BUL OU 3-13/MANAGER	
$\wedge$	DATE
EPA OU 3-13 MANAGER	
	DATE
IDEQ OU 3-13 MANAGER	
	DATE

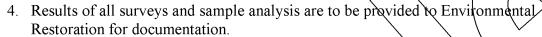
### SOIL DISTURBANCE INFORMATION SHEET

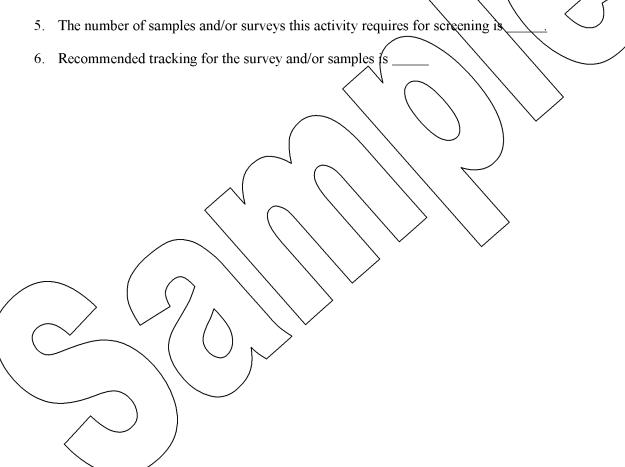
4.	1. Requesto	r;
5.	2. Describe	activity?
	a.	Work Control Form Number
	b.	Work Order Package Number
	c.	Classification:   Emergency   Maintenance   Projects
	d.	Time period of activity:
	e.	Will contaminated media be disturbed?
	f.	How much soil will be disturbed? (%, Yd3, etc.):
	g.	Will an excavation be required?
	h.	If yes, reference MCP-2, Facility Outages and Excavations
	i.	Maximum depth of excavation:
6.	Affected CI	ERCLA Area:
7.	CERCLA A	Area Description:
8.	Are any stra CERCLA b	actures, equipment, or debris going to be placed within or removed from a
9.	Will propos remediation	sed interfere with the conduct of other planned remedial activities and/or strategies?
10.	Will propos	ed activity result in potential generation of
	<u>a</u> .	RCRA hazardous waste?
		Radioactively contaminated material?
	c.	Mixed waste?
11.	Are any soi moved or al	ls or other media within a CERCLA Further Action Site boundary going to be ltered?
12.	•	ls or other media within a CERCLA No Further Action site or No Action site oing to be moved or altered?
13	Type of cor	ntaminants known or suspected

#### **SAMPLING EVALUATION**

- 1. An in-situ gamma spectrometer scan for Cs-137 is required for all soil disturbances.
- 2. The in-situ gamma spectrometer or laboratory samples may be used to determine the risk level in the disturbed soils.

3. Biased samples or surveys will be collected if unexpected soil conditions or contamination levels are encountered.





#### **REVIEW OF PACKAGE**

Requestor:	Date	<u>-</u>
Reviewer:	Date .	
Reviewer:	Date .	
<u>Reviewer:</u>	Date .	
	<u>RECOMM</u>	ENDED DECISION ACTION
□NOD	Required	NQD Not Required
INTEC NO	OD Coordinator:	Date:

#### NOD COMPLETION FORM

NOD NUMBER:	
SAMPLING RESULTS RECEIVED: yes no	
ACTIVITY COMPLETED: yesno	
COMPLETION DATE:	
NOD PACKAGE FILED: yes no	
WORK CONTROL FORM FILED: yesno	
WORK ORDER PACKAGE FILED: yesno	
PERSONNEL LIST FILED: yesno	
PERSONNEL TRAINING RECORDS FILED: yes	>
COMMENTS:	
SIGNATURES:	
ACTIVTY PROJECT MANAGER:	
	DATE
WAG 3 SITE OPERATIONS MANAGER:	_
	DATE

### Appendix E

Revised WAG 3, OU 3-13 Institutional Control Field Inspection Checklists

### WAG 3, OU 3-13 INSTITUTIONAL CONTROL FIELD INSPECTION **CHECKLIST**

DA	TE(S)	)/TIME(S):				
IN:	SPEC:	ГОR:				
		Name	Titl	e	0	rganization
INS	SPECT	ГОR:				
		Name	Titl	e	О	rganization
IN	SPEC	ΓOR:				
		Name	Titl	e	0	rganization
1.	Grou	p Number or NFA Designation:	1			
2.	Ident	Restricted Security Access to Restricted Security Access to	the INEEL	•		
3.	Relea	se sites with land use other than Indu	ıstrial:			
4.	"YES assoc "Site	ase Site IDs, descriptions, and visual is 3" or "NO" for observations based upliated with remediation, site changes, Inspection Photo Number Log" for the ICP. Deficiencies should be address	on the visual in or changes in line annual repo	nspection. If act and-use, take pl	ions have been hotographs and	taken fill out the
	lease Site	Description	Status of Remedial Action	Evidence of Unauthorized Human Intrusion	Observed Boundary Monuments <sup>a</sup>	Observed Warning Signs/Barriers
CP.	P-15	Solvent burner E. of CPP-605	Pre-Design			
CP	P-58	CPP PEW Evaporator overhead pipe	Pre-Design			

CPP-96 includes CPP-16, 20, 24, 25, 27, 28, 30, 31, 32, 33, and 79. Part of CPP-26 within the Tank Farm Fence is also included.

Pre-Design

Pre-Design

a. Boundary monuments may be a fence corner or building.

Tank Farm Interstitial Soils

spills

CPP-96

CPP PEW Evaporator overhead pipe

5. Institutional Controls records review. On the table below, please indicate, "YES", "NO", or "NA" for records reviewed during the inspection. Answers of "NA" indicate that the records, such as work permits or personnel training records, were not applicable at the time of the inspection (i.e., release site not accessed for work purposes).

	CFLUP Review			Observed		Observed
Release Site	Observed Surveyed Maps	Listing of Required ICs	Observed Work Permit(s)/RWPs a	Personnel Training Records a	Observed NOD(s) <sup>a</sup>	Notices to Affected Stakeholders
CPP-15						
CPP-58						
CPP-96						

a. Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies

6. Listing of Work Permits/RWPs/NODs.<sup>a</sup> Deficiencies should be addressed in No. 7

Standard 101 Work Permits	Radiological Work Permits	Notices of Disturbance

#### **DEFICIENCIES:**

7.	Provide a description of any deficiencies and what efforts or measures have been or will be taken to correct problems:

a. Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies.

PROVEMENTS:	
Describe any additional IC requirements that mobserved during the visual inspection:	
Inspector signature	Date
Inspector signature	Date
Inspector signature	Date

## WAG 3, OU 3-13 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE	E(S)/TIME(S):		
INSPE	ECTOR:		
	Name	Title	Organization
INSPE	ECTOR:		
	Name	Title	Organization
INSPE	ECTOR:		
	Name	Title	Organization
1. <b>G</b> 1	roup Number or NFA Designation:	2	
2. Id	entify security restrictions that would line Restricted Security Access to Restricted Security Access to	the INEEL	
3. Re	elease sites with land use other than Indi	ustrial:	

4. Release Site IDs, descriptions, and visual inspection matrix. On the table below please indicate "YES" or "NO" for observations based upon the visual inspection. If actions have been taken associated with remediation, site changes, or changes in land-use, take photographs and fill out the "Site Inspection Photo Number Log" for the annual report. Sign location specifications are provided in the ICP. Deficiencies should be addressed in No. 8.

Release Site	Description	Evidence of Unauthorized Human Intrusion	Observed Boundary Monuments <sup>a</sup>	Observed Warning Signs/Barriers
CPP-02	Floor Drain W of CPP-603			
CPP-60	Paint Shop at CPP-645			
CPP-80	CPP-601 Vent Tunnel drain leak			
CPP-85	WCF Blower Corridor			
CPP-86	CPP-602 Waste Trench Sump			
CPP-87	CPP-604 VOG Blower cell sump and floor drain			
CPP-89	CPP-604/605 tunnel excavation			
a. Boundary n	nonuments may be a fence corner or buil	ding.	1	1

5. Institutional Controls records review. On the table below, please indicate "YES", "NO", or "NA" for records reviewed during the inspection. Answers of "NA" indicate that the records, such as work permits or personnel training records, were not applicable at the time of the inspection (i.e., release site not accessed for work purposes).

	CFLUP Review		Observed	Observed		Observed
Release Site	Observed Surveyed Maps	Listing of Required ICs	Work Permit(s)/ RWPs <sup>a</sup>	Personnel Training Records <sup>a</sup>	Observed NOD(s)	Notices to Affected Stakeholders
CPP-02						
CPP-60						
CPP-80						
CPP-85						
CPP-86						
CPP-87						
CPP-89						
	ctors may assess a rand	lom sampling of this i	nformation to determin	l e if there are any deficie	encies.	1

6. Provide the current status of any remedial actions at the release sites (i.e., a detailed description of the project's status based on the flowchart from Figure 3-1, Operable Unit 3-13 Group 2 Closure Evaluation Criteria and Checklist).

Release Site	Description / Status in the CEC Checklist
CPP-02	
<b>CPP-</b> 60	
CPP-80	
CPP-85	
CPP-86	
CPP-87	
CPP-89	

Standard 101 Work Permits	Radiological Work Permits	Notices of Disturbance

### **DEFICIENCIES:**

correct prob	scription of any deficie lems:	ncies and what e	ttorts or measu	res have been or	r will be taken

b. Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies.

### **IMPROVEMENTS:**

certify that the above inspection report is true a	nd accurate to the best of my ability.
certify that the above inspection report is true a	nd accurate to the best of my ability.
certify that the above inspection report is true a	nd accurate to the best of my ability.
certify that the above inspection report is true a	nd accurate to the best of my ability.
	nd accurate to the best of my ability.  Date
nspector signature	Date
nspector signature	
nspector signature	Date
Inspector signature	Date
nspector signature	Date

## WAG 3, OU 3-13 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DA	ATE(S)/TIME(S):		
IN	SPECTOR:		
	Name	Title	Organization
IN	SPECTOR:		
	Name	Title	Organization
IN	SPECTOR:		
	Name	Title	Organization
1.	Group Number or NFA Designation:	3	
2.	Identify security restrictions that would limit Restricted Security Access to the	* *	
	Restricted Security Access to II		
3.	Release sites with land use other than Indus	trial:	

4. Release Site IDs, descriptions, and visual inspection matrix. On the table below please indicate "YES" or "NO" for observations based upon the visual inspection. If actions have been taken associated with remediation, site changes, or changes in land-use, take photographs and fill out the "Site Inspection Photo Number Log" for the annual report. Sign location specifications are provided in the ICP. Deficiencies should be addressed in No. 8.

Release Site	Description	Status of Remedial Action	Evidence of Unauthorized Human Intrusion	Observed Boundary Monuments <sup>a</sup>	Observed Warning Signs/Barriers
CPP-01	Concrete settling basin E of CPP-603	Pre-Design			
CPP-03	Temporary Storage Area SE of CPP-603	Pre-Design			
CPP-04	Contaminated Soil Area near CPP-603 Settling Tank	Pre-Design			
CPP-05	Contaminated Soil Area near CPP-603 Settling Basin	Pre-Design			
CPP-08	CPP-603 basin filter line failure	Pre-Design			
CPP-09	Soil contamination NE corner of CPP-603 SB	Pre-Design			
CPP-10	CPP-603 plastic pipe break	Pre-Design			
CPP-11	CPP-603 sludge and water release	Pre-Design			
CPP-13	Pressurization of solid storage cyclone NE of CPP-603	Pre-Design			
CPP-14	Old Sewer Treatment Plant W of CPP-604	Pre-Design			

Release Site	Description	Status of Remedial Action	Evidence of Unauthorized Human Intrusion	Observed Boundary Monuments <sup>a</sup>	Observed Warning Signs/Barriers
CPP-19	CPP-603 to CPP-604 line leak	Pre-Design			
CPP-34 A/B	Soil storage area (disposed trenches) in the northeast corner of the ICPP	Pre-Design			
CPP-35	CPP-633 decontamination spill	Pre-Design			
CPP-36	Transfer Line leak from CPP-633 to WL-102	Pre-Design			
CPP-37A/B	Gravel Pits and Debris Landfill in/out of INTEC	Pre-Design			
CPP-37 C	General Pits and Debris Landfill in/out of INTEC	Pre-Design			
CPP-41A	Fire Training Pits CPP-666 and CPP-663	Pre-Design			
CPP-44	Grease Pit S of CPP-608	Pre-Design			
CPP-48	French Drain S of CPP-633	Pre-Design			
CPP-55	Mercury contamination area S of CPP-t-15	Pre-Design			
CPP-67	CPP Percolation Ponds #1 and #2	Pre-Design			
CPP-68	Abandoned gasoline tank CPP VES-UTI-652	Pre-Design			
CPP-91	CPP-633 blower pit drain	Pre-Design			
CPP-92	Soil boxes W of CPP-1617	Pre-Design			
CPP-93	Simulated calcine disposal	Pre-Design			
CPP-97	Tank Farm soil stockpiles	Pre-Design			
CPP-98	Tank Farm shoring boxes	Pre-Design			
CPP-99	Boxed soil	Pre-Design			
a. Boundary mon	uments may be a fence corner or building.				

5. Institutional Controls records review. On the table below, please indicate "YES", "NO", or "NA" for records reviewed during the inspection. Answers of "NA" indicate that the records, such as work permits or personnel training records, were not applicable at the time of the inspection (i.e., release site not accessed for work purposes).

	CFLUP Review			Observed		Observed
Release Site	Observed Surveyed Maps	Listing of Required ICs	Observed Work Permit(s)/RWPs <sup>a</sup>	Personnel Training Records <sup>a</sup>	Observed NOD(s)	Notices to Affected Stakeholders
CPP-01						
CPP-03						
CPP-04						
CPP-05						
CPP-08						
CPP-09						
CPP-10						
CPP-11						
CPP-13						
CPP-14						
CPP-19						
CPP-34 A/B						
CPP-35						
CPP-36						
CPP-37A/B						
CPP-37 C						
CPP-41A						
CPP-44						
CPP-48						
CPP-55						
CPP-67						
CPP-68						
CPP-91						
CPP-92						
CPP-93						
CPP-97						
CPP-98						
CPP-99						
a. Agency inspecto	rs may assess a ran	dom sampling of this is	nformation to determine if t	here are any deficien	ncies.	

6.	Listing of Work Pen	mits/RWPs/NODs.c	Deficiencies should	l be addressed in No.	7.

	Radiological Work Permits	Notices of Disturbance
DEFICIENCIES:		
CETTOTE: VOIES.		
	encies and what efforts or measures h	
correct problems:		
-		
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MPROVEMENTS:		
MPROVEMENTS:		
. Describe any additional IC require	ements that may be necessary due to u	
. Describe any additional IC require		
. Describe any additional IC require		
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. Describe any additional IC require		

c. Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies.

reeting that the above hispection report is true and accurate to the best of my ability.				
Inspector signature	Date			
Inspector signature	Date			
Inspector signature	Date			

D/	TE(S)/TIME(S	S):		
ΙN	SPECTOR:			
		Name	Title	Organization
ΙN	SPECTOR:			
		Name	Title	Organization
ΙN	SPECTOR:			
		Name	Title	Organization
1.	Group Numbe	er or NFA Designatio	n:4	
2.	R	estricted Security Ac	ould limit or control public trespass: cess to the INEEL cess to INTEC fenced boundary	
3.	Release Site I	D and Description:	CPP-83 Perched Water System at I	NTEC CPP 55-06
4.	Release sites	with land use other th	an Industrial:	
5.	Provide the cu construction,	•	medial actions at the release sites, e.g	., remedial design,

6. Visual inspection matrix. If actions have been taken that would modify or close a monitoring well or respond to a deficiency identified in a previous inspection, take photographs and fill out "The Site Inspection Photo Number Log" for the annual report.

Well ID	Well ID Label Intact and Readable?	Locked?	Abutment Condition	Concrete Pad Condition	Surveyed Location Map Available?	Evidence of Unauthorized Human Intrusion (i.e., unauthorized drilling, unlocked or missing well lock)
CPP-33-1						
CPP-33-2						
CPP-33-3						
CPP-37-4						
CPP-55-06						
PW-1						
PW-2						

Well ID	Well ID Label Intact and Readable?	Locked?	Abutment Condition	Concrete Pad Condition	Surveyed Location Map Available?	Evidence of Unauthorized Human Intrusion (i.e., unauthorized drilling, unlocked or missing well lock)
PW-3						
PW-4						
PW-5						
PW-6						
MW-1						
MW-2						
MW-3						
MW-4						
MW-5						
MW-6						
MW-7						
MW-8						
MW-9						
MW-10						
MW-11						
MW-12						
MW-13						
MW-14						
MW-15						
MW-16						
MW-17						
MW-18						
MW-20						
USGS-50						
CPP-33-4-1						
CPP-33-4-2						
1236-ICPP- S-132						
1385-ICPP- SCI-P-216						
1386-ICPP- SCI-P-217						
1387-ICPP- SCI-P-218						

Well ID	Well ID Label Intact and Readable?	Locked?	Abutment Condition	Concrete Pad Condition	Surveyed Location Map Available?	Evidence of Unauthorized Human Intrusion (i.e., unauthorized drilling, unlocked or missing well lock)
1388-ICPP- SCI-P-219						
1389-ICPP- SCI-P-220						
1390-ICPP- SCI-P-221						
1391-ICPP- SCI-P-222 1392-ICPP-						
SCI-P-223 1393-ICPP- SCI-P-224						
1394-ICPP- SCI-P-225						
1395-ICPP- SCI-P-226						
1396-ICPP- SCI-P-227						
1397-ICPP- SCI-P-228						
1398-ICPP- SCI-P-229						
1399-ICPP- MON-A-230						
1400-ICPP- SCI-P-247						
1401-ICPP- SCI-P-248						
1402-ICPP- SCI-P-249						
1403-ICPP- SCI-P-250						
1404-ICPP- SCI-P-251						

Well ID 1405-ICPP- SCI-P-252	Well ID Label Intact and Readable?	Locked?	Abutment Condition	Concrete Pad Condition	Surveyed Location Map Available?	Evidence of Unauthorized Human Intrusion (i.e., unauthorized drilling, unlocked or missing well lock)
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7.	Are any non-CERCLA wells operating in the groundwater IC restriction area?					
	YES	NO	NA			
	If YES, des	scribe the	wells and what prog	ram(s) they operate under.		
8.	Does a DO INEEL?	E-ID Dire	ective exist that restr	icts drilling into contaminated zones at OU 3-13 or the		
	YES	NO				
	If NO Expl	lain:				
9.	Have requi	red notice	s been sent to affect	ed stakeholders (if applicable)?		
	YES	NO	NA			
	If NO Expl	lain:				

#### **DEFICIENCIES:**

Provide a description of any deficiencies and what correct problems:	
MPROVEMENTS:	
Describe any additional IC requirements that may during the visual inspection:	
I certify that the above inspection report is true an	nd accurate to the best of my ability.
Inspector signature	Date
Inspector signature	Date
Inspector signature	Date

DAT	TE(S)/TIME(S):		
INSI	PECTOR:		
	Name	Title	Organization
INSI	PECTOR:		
	Name	Title	Organization
INSI	PECTOR:		
	Name	Title	Organization
1. (	Group Number or NFA Designation:5		
2. ] - -	Identify security restrictions that would limit o Restricted Security Access to the I Restricted Security Access to INT	NEEL	;
3. 1	Release Site ID and Description: CPP-23 C	CPP Injection Well (MAI	H-FE-PL-304)
4. ]	Release sites with land use other than Industria	તી:	
	Provide the current status of any remedial action construction, O&M, etc:	ons at the release sites, e	.g., remedial design,
-			
-			
_			

6. Visual inspection matrix. If actions have been taken that would modify or close a monitoring well or respond to a deficiency identified in a previous inspection, take photographs and fill out "The Site Inspection Photo Number Log" for the annual report.

Well ID	Well ID Label Intact and Readable?	Locked?	Abutment Condition	Concrete Pad Condition	Surveyed Location Map Available?	Evidence of Unauthorized Human Intrusion (i.e., unauthorized drilling, unlocked or missing well lock)
MW-18						
USGS-34						
USGS-35						
USGS-36						
USGS-37						
USGS-38						
USGS-39						
USGS-40						
USGS-41						

Well ID	Well ID Label Intact and Readable?	Locked?	Abutment Condition	Concrete Pad Condition	Surveyed Location Map Available?	Evidence of Unauthorized Human Intrusion (i.e., unauthorized drilling, unlocked or missing well lock)
USGS-42						
USGS-43						
USGS-44						
USGS-45						
USGS-46						
USGS-47						
USGS-48						
USGS-49						
USGS-51						
USGS-52						
USGS-57						
USGS-59						
USGS-67						
USGS-77						
USGS-82						
USGS-84						
USGS-85						
USGS-111						
USGS-112						
USGS-113						
USGS-114						
USGS-115						
USGS-116						
USGS-121						
USGS-122						
USGS-123						
LF2-08						
LF2-09						
LF2-10						
LF2-11						
LF2-12						
LF3-08						
LF3-09						
LF3-10						
LF3-11A						

7.	Are any n	on-CERCLA	wells operating in	n the groundwater IC restriction area?
	YES	NO	NA	
	If YES, do	escribe the w	ells and what prog	gram(s) they operate under.
8.	Does a DO	OE-ID Direc	tive exist that restr	ricts drilling into contaminated zones at OU 3-13 or the
	YES	NO		
	If NO Evr	alain:		
	II NO EX	Jiaiii		
9.	Have requ	iired notices	been sent to affect	ed stakeholders (if applicable)?
	YES	NO	NA	
	If NO Ext	olain <sup>.</sup>		
DI	EFICIE	NCIES:		
<u>~</u>		(CILSI		
10.				and what efforts or measures have been or will be taken to

#### **IMPROVEMENTS:**

Describe any additional IC requirements that maduring the visual inspection:	y be necessary due to unique circumstances obser
during the visual inspection.	
Inspector signature	Date
Inspector signature	Date

DA	TE(S)	TIME(S):				
INS	SPECT	OR:				
		Name		Title		Organization
INS	SPECT	OR:				
		Name		Title		Organization
INS	SPECT	OR:				
		Name		Title		Organization
1.	Group	Number or NFA Desig	gnation:	5		
2.		fy security restrictions tRestricted SecuriRestricted Securi	ty Access to the ty Access to INT	INEEL FEC fenced bour	ndary	
3.	Releas	se sites with land use ot	her than Industri	ial:		
4.	"YES" associ "Site l	se Site IDs, descriptions " or "NO" for observative atted with remediation, inspection Photo Numb ICP. Deficiencies shou	ons based upon site changes, or our log" for the a	the visual inspec changes in land- unnual report. Si	ction. If actions ha	ve been taken uphs and fill out the
	elease Site	Description	Status of Remedial Action	Evidence of Unauthorized Human Intrusion	Observed Boundary Monuments <sup>a</sup>	Observed Warning Signs/Barriers
CPI	P-84	Buried Gas Cylinders	Pre-Design			
CPI	P-94	Buried Gas Cylinders	Pre-Design			

Institutional Controls records review. On the table below, please indicate "YES", "NO", or "NA" for records reviewed during the inspection. Answers of "NA" indicate that the records, such as work permits or personnel training records, were not applicable at the time of the inspection (i.e., release site not accessed for work purposes).

	CFLUP Review			Observed		Observed
Release Site	Observed Surveyed Maps	Listing of Required ICs	Observed Work Permit(s)/RWPs <sup>a</sup>	Personnel Training Records <sup>a</sup>	Observed NOD(s)	Notices to Affected Stakeholders
CPP-84						
CPP-94						
a Agency inspecto	ors may assess a rand	dom sampling of this i	information to determine if t	here are any deficie	ncies	

a. Boundary monuments may be a fence corner or building.

Standard 101 Work Permits

DEFICIENCIES:  7. Provide a description of any deficiencies and what efforts or measures have been or will be taken to correct problems:		
7. Provide a description of any deficiencies and what efforts or measures have been or will be taken t		
7. Provide a description of any deficiencies and what efforts or measures have been or will be taken t		
Provide a description of any deficiencies and what efforts or measures have been or will be taken t		
Provide a description of any deficiencies and what efforts or measures have been or will be taken to		-
Provide a description of any deficiencies and what efforts or measures have been or will be taken t		
Provide a description of any deficiencies and what efforts or measures have been or will be taken to		1
Provide a description of any deficiencies and what efforts or measures have been or will be taken t		
Provide a description of any deficiencies and what efforts or measures have been or will be taken t		i
Provide a description of any deficiencies and what efforts or measures have been or will be taken to		
		en to

Notices of Disturbance

#### **IMPROVEMENTS:**

8.	Describe any additional IC requirements that may be necessary due to unique circumstances observed during the visual inspection:

d. Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies.

ertify that the above inspection report is true and a	accurate to the best of my ability.
Inspector signature	Date
Inspector signature	Date
Inspector signature	Date

Name  Title  Organiza  INSPECTOR:  Name  Title  Organiza  1. Group Number or NFA Designation:  Restricted Security restrictions that would limit or control public trespass:  Restricted Security Access to the INEEL  Restricted Security Access to INTEC fenced boundary  3. Release sites with land use other than Industrial:  4. Release Site IDs, descriptions, and visual inspection matrix. On the table below please indicate "YES" or "NO" for observations based upon the visual inspection. If actions have been taken associated with remediation, site changes, or changes in land-use, take photographs and fill out "Site Inspection Photo Number Log" for the annual report. Sign location specifications are proving the ICP. Deficiencies should be addressed in No. 7.  Status of Unauthorized Observed Human Boundary Observed Wareham Company Control of the Control of Unauthorized Control of Unauthorized Boundary Observed Wareham Control of Unauthorized Control of Unauth	DATE (S)	)/TIME (S):				
NSPECTOR:    Name	NSPECT					
Name  Title Organiza  RSPECTOR:  Name Title Organiza  Group Number or NFA Designation:  Restricted Security Access to the INEEL Restricted Security Access to INTEC fenced boundary  Release sites with land use other than Industrial:  Release Site IDs, descriptions, and visual inspection matrix. On the table below please indicate "YES" or "NO" for observations based upon the visual inspection. If actions have been taken associated with remediation, site changes, or changes in land-use, take photographs and fill out "Site Inspection Photo Number Log" for the annual report. Sign location specifications are proving the ICP. Deficiencies should be addressed in No. 7.  Release  Remedial Site Description Remedial Action Intrusion Monuments Signs/Barn PP-69 Abandoned Hot Waste Tank CPP VES-SFE-20  Boundary monuments may be a fence corner or building.  Institutional Controls records review. On the table below, please indicate "YES", "NO", or "No records reviewed during the inspection. Answers of "NA" indicate that the records, such as we		Name		Title		Organization
ISPECTOR:  Name  Title  Organiza  Group Number or NFA Designation:	ISPECT					
Group Number or NFA Designation:		Name		Title		Organization
Group Number or NFA Designation:	SPECT					
Identify security restrictions that would limit or control public trespass:		Name		Title		Organization
Release sites with land use other than Industrial:  Release Site IDs, descriptions, and visual inspection matrix. On the table below please indicate "YES" or "NO" for observations based upon the visual inspection. If actions have been taken associated with remediation, site changes, or changes in land-use, take photographs and fill out "Site Inspection Photo Number Log" for the annual report. Sign location specifications are proving the ICP. Deficiencies should be addressed in No. 7.  Status of Remedial Human Boundary Observed Human Boundary Signs/Barr.  PP-69 Abandoned Hot Waste Tank Pre-Design CPP VES-SFE-20  Boundary monuments may be a fence corner or building.  Institutional Controls records review. On the table below, please indicate "YES", "NO", or "No" records reviewed during the inspection. Answers of "NA" indicate that the records, such as we	Group	Number or NFA Designation	on:7_			
Status of Unauthorized Observed Boundary Observed War Site Description Action Intrusion Monuments Signs/Barr.  PP-69 Abandoned Hot Waste Tank CPP VES-SFE-20  Boundary monuments may be a fence corner or building.  Institutional Controls records review. On the table below, please indicate "YES", "NO", or "No records reviewed during the inspection. Answers of "NA" indicate that the records, such as working the inspection.	Relea "YES associ "Site	se Site IDs, descriptions, and "or "NO" for observations by ated with remediation, site classection Photo Number Lo	visual inspectased upon the hanges, or charge" for the ann	etion matrix. On e visual inspection anges in land-uso anal report. Sign	on. If actions have, take photograp	ve been taken phs and fill out the
CPP VES-SFE-20  Boundary monuments may be a fence corner or building.  Institutional Controls records review. On the table below, please indicate "YES", "NO", or "N records reviewed during the inspection. Answers of "NA" indicate that the records, such as we		Description	Remedial	Unauthorized Human	Boundary	Observed Warning Signs/Barriers
Institutional Controls records review. On the table below, please indicate "YES", "NO", or "No records reviewed during the inspection. Answers of "NA" indicate that the records, such as we	PP-69		Pre-Design			
records reviewed during the inspection. Answers of "NA" indicate that the records, such as we	Boundary r	nonuments may be a fence corner or but	ilding.			
site not accessed for work purposes).	recor perm	ds reviewed during the inspe its or personnel training reco	ection. Answer	rs of "NA" indic	ate that the reco	ords, such as work

	CFLUP Review			Observed		Observed
Release Site	Observed Surveyed Maps	Listing of Required ICs	Observed Work Permit(s)/RWPs <sup>a</sup>	Personnel Training Records <sup>a</sup>	Observed NOD(s)	Notices to Affected Stakeholders
CPP-69	200 200 200 200 200 200 200 200 200 200	low compling of this	nformation to determine if t	hara ara any deficie	naing	

Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies.

6.	Listing of Wo	ork Permits an	ıd NODs.º l	Deficiencies	should be	addressed	in No.	7.

	Standard 101 Work Permits	Notices of Disturbance
<u>D</u> ]	EFICIENCIES:	
7.	Provide a description of any deficiencies and correct problems:	I what efforts or measures have been or will be taken to
<u>IN</u>	<b>IPROVEMENTS:</b>	
8.	Describe any additional IC requirements that during the visual inspection:	may be necessary due to unique circumstances observed
	I certify that the above inspection report is tr	ue and accurate to the best of my ability.
	Inspector signature	Date
	Inspector signature	Date
	Inspector signature	Date

e. Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies.

DATE(S)/TIM	E(S):		
INSPECTOR:			
	Name	Title	Organization
INSPECTOR:			
	Name	Title	Organization
INSPECTOR:			
	Name	Title	Organization
1. Group Nur	mber or NFA Designation:	NFA	
2. Identify see	curity restrictions that would li _Restricted Security Access to _Restricted Security Access to	the INEEL	
3. Release sit	es with land use other than Ind	ustrial:	

4. Release Site IDs, descriptions, and visual inspection matrix. On the table below please indicate "YES" or "NO" for observations based upon the visual inspection. If actions have been taken associated with remediation, site changes, or changes in land-use, take photographs and fill out the "Site Inspection Photo Number Log" for the annual report. Sign location specifications are provided in the ICP. Deficiencies should be addressed in No. 87

Release Site	Description	Status of Remedial Action	Evidence of Unauthorized Human Intrusion	Observed Boundary Monuments <sup>a</sup>
CPP-06	Trench east of CPP-603 Fuel Storage Basin	5-Year Remedy Review		
CPP-17	Soil storage area south of CPP Peach Bottom Fuel Storage Area	5-Year Remedy Review		
CPP-22	Particulate air release south of CPP-603	5-Year Remedy Review		
CPP-26	Steam Flushing release outside the Tank Farm fence	5-Year Remedy Review		
CPP-88	Radiologically contaminated soil	5-Year Remedy Review		
CPP-90	CPP-708 ruthenium detection	5-Year Remedy Review		
CPP-95	Airborne plume	5-Year Remedy Review		
a. Boundary r	monuments may be a fence corner or building.			

5. Institutional Controls records review. On the table below, please indicate "YES", "NO", or "NA" for records reviewed during the inspection. Answers of "NA" indicate that the records, such as work permits or personnel training records, were not applicable at the time of the inspection (i.e., release site not accessed for work purposes).

	CFLUP Review			Observed		Observed
Release Site	Observed Surveyed Maps	Listing of Required ICs	Observed Work Permit(s)/RWPs <sup>a</sup>	Personnel Training Records <sup>a</sup>	Observed NOD(s)	Notices to Affected Stakeholders
CPP-06						
CPP-17						
CPP-22						
CPP-26						
CPP-88						
CPP-90						
CPP-95						
a. Agency inspectors may assess a random sampling of this information to determine if there are any deficiencies.						

6. Listing of Work Permits/RWPs/NODs. Deficiencies should be addressed in No. 7.

Standard 101 Work Permits	Radiological Work Permits	Notices of Disturbance

 $f.\ Agency\ inspectors\ may\ assess\ a\ random\ sampling\ of\ this\ information\ to\ determine\ if\ there\ are\ any\ deficiencies.$ 

#### **DEFICIENCIES:**

7.	Provide a description of any deficiencies and what efforts or measures have been or will be taken to correct problems:					
<u>IN</u>						
	<u> MPROVEMENTS:</u>					
8.	Describe any additional IC requirements that may be necessary due to unique circumstances observed during the visual inspection:					
	I certify that the above inspection report is true and accurate to t	ne best of my ability.				
	Inspector signature	Date				
	Inspector signature	Date				
	Inspector signature	Date				

### **Site Inspection Photo Number Log**

DATE:	TE: TIME OF DAY (if applicable):						
WEATHER CONDITIONS:							
FILM TYPE:							
Photo Number	Location and Direction	Release Site Identification/Group Number					